

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Lands J. Stewart, Jr.)) Group Art Unit: 3676)
Serial No.:	09/920,682	
	·) Examiner: Michael J. Kyle
Filed:	August 2, 2001)
For:	SEAL AND BEARING ASSEMBLY))))

FOURTH AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450.

SIR:

This amendment is submitted in response to the fourth non-final Office Action dated June 18, 2004. Reconsideration of the application in view of this amendment is requested.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patrice, P.O. Box 1450, Alexandria, Virginia 22313 1450, on the date shown below

Neal R. Kennedy

Date of Signature

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220.00 OP

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12/08/2004 EKEY11 00000001 500449 09920682

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88.00 DA

09920682 PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 2) (Column 1) TYPE [OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE BASIC FEE 355.00 BASIC FEE 710.00 **NUMBER EXTRA** FOR NUMBER FILED TOTAL CHARGEABLE CLAIMS 126:00 ΙU X\$18= minus 20= X\$ 9= OR INDEPENDENT CLAIMS minus 3 = X80= X40= OR MULTIPLE DEPENDENT CLAIM PRESENT +270= +135= OR * If the difference in column 1 is less than zero, enter "0" in column 2 48 OR TOTAL TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN **SMALL ENTITY SMALL ENTITY** OR (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT REMAINING **TIONAL** RATE RATE TIONAL PREVIOUSLY **EXTRA** ENDMENT **AFTER** FEE FEE AMENDMENT PAID FOR X\$18= Minus Total X\$ 9= OR independent Minus X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY +270= +135= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT REMAINING TIONAL RATE TIONAL RATE PREVIOUSLY **AFTER EXTRA** ENDMENT FEE FEE AMENDMENT PAID FOR Total Minus X\$ 9= X\$18= OR Minus Independent X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 2) (Column 3) Column 1) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE RATE TIONAL PREVIOUSLY AMENDMENT AFTER **EXTRA** FEE **AMENDMENT** PAID FOR FEE Ф Minus X\$18= Total X\$ 9= OR Minus Independent X80= 307 X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.

Application or Docket Number